FEC FORM 3L
REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING OR TYPE OR PRINT	Example: if typing, type over the lines.	12FE4M5

Tammy for Illinois

ADDRESS (number and street) PO Box 10793

Check if different ☐ than previously reported (ACC)

CITY	STATE	ZIP CODE
Chicago	IL	60610

2. FEC IDENTIFICATION NUMBER	3. IS THIS REPORT	4. STATE DISTRICT
C00574889	☑NEW (N) OR ☐AMENDED (A)	IL 00

For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)

☑ July 15 Quarterly Report (Q2) and/or Semi-annual Report

☐ October 15 Quarterly Report (Q3)

☐ January 31 Year End Report (YE) and/or Semi-annual Report

☐ July 31 Mid-Year Report (Non-election Year - Party/PAC) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:
☐ Feb 20 (M2)   ☐ May 20 (M5)   ☐ Aug 20 (M8)   ☐ Nov 20 (M11) (Non-Election Year only)
☐ Mar 20 (M3)   ☐ Jun 20 (M6)   ☐ Sep 20 (M9)   ☐ Dec 20 (M12) (Non-Election Year only)
☐ Apr 20 (M4)   ☐ Jul 20 (M7) and/or Semi-annual Report   ☐ Oct 20 (M10)   ☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:
☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Special (12S) ☐ Convention (12C)
Election on ____ in the State of ____
This report also covers the semi-annual period ☐ See Line 6(b)

(d) 30-Day POST-Election Report for the:
☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
Election on ____ in the State of ____
This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

This report covers 04 01 2016 through 06 30 2016

and/or (b) Semi-Annual Covered Period
☑ January 1 - June 30
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs	(a) Quarterly/Monthly/Pre-/Post-Election Covered Period	(b) Semi-Annual Covered Period
	128786.65	248173.97

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer   Keith D. Lowey

Signature of Treasurer   _Keith D. Lowey_   07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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02/2009